

## APPLICATION FOR INDIVIDUAL PROVIDER STATUS APPROVAL

Outpatient psychotherapy clinics certified under s. HFS 61.91, WI Admin Code, must maintain the minimum personnel and service requirements specified in s. HFS 61.96 and s. HFS 61.97, WI Admin Code. Staff meeting those requirements may also qualify as a provider for purposes of third party insurance, under s. 632.89, Wisconsin Statutes, for mandated benefits, and under s. 51.42, Stats., for community service payments made to county-contracted providers.

This application is required for providers that need confirmation their master's level course work and post-master's supervised clinical experience meet the minimum requirements identified in s. HFS 61.96 and s. 61.97, WI Admin Code. This process is distinct from the licensure process established through the Department of Regulation and Licensing for Social Workers, Marriage and Family Therapists and Professional Counselors. You will also need to contact Electronic Data Systems (EDS) – Provider Maintenance Unit, the Medical Assistance Fiscal Intermediary, at 800-947-9627 or 608-221-9883 if you wish to obtain individual certification and an MA provider number. The approval as an insurance or outpatient psychotherapy provider under ss. HFS 61.96 (2) & (3), WI Admin Code, does not automatically extend to MA approval.

Completion and submission of this form is voluntary. Personal information collected on this form will be used during the review process and is subject to disclosure under Wisconsin's Open Records Law. Call 608-243-2025 if you have questions about the completion of this form or the accompanying Supervisor Affidavit, DDE 2570. Return the completed form(s) to:

Supervisor, Program Certification Unit  
Bureau of Quality Assurance  
Division of Disability and Elder Services  
2917 International Lane, Suite 300  
Madison, WI 53704

|                          |       |                  |
|--------------------------|-------|------------------|
| Name                     |       | Telephone Number |
| Mailing Address          |       |                  |
| City, State and ZIP Code | State | ZIP Code         |
| E-mail Address           |       |                  |

### I. QUALIFYING ACADEMIC INFORMATION - MASTER'S DEGREES(S)

| Name of Educational Institution | Degree Attained | Date Conferred |
|---------------------------------|-----------------|----------------|
|                                 |                 |                |
|                                 |                 |                |
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|                                 |                 |                |
|                                 |                 |                |

If you have standing in any of the following, check the applicable box, skip Sections II and III, and submit verification, i.e., a copy of certificate from the organization.

- ☐ National Registry of Health Care Providers in Clinical Social work
- ☐ National Academy of Certified Mental Health Counselors
- ☐ National Register of Health Care Providers in Psychology
- ☐ National Board of Certified Counselors with Certified Clinical Mental Health Counseling (CCMHC) approval

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**II. POST MASTER'S CLINICAL EXPERIENCE**

| Name of Facility | From<br>(date) | To<br>(date) | Supervisor / Degree |
|------------------|----------------|--------------|---------------------|
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|                  |                |              |                     |
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**III. PAID PRE-MASTER'S SOCIAL WORK EXPERIENCE IN PSYCHIATRIC / INPATIENT PROGRAMS**

| Name of Facility | From<br>(date) | To<br>(date) | Supervisor / Degree |
|------------------|----------------|--------------|---------------------|
|                  |                |              |                     |
|                  |                |              |                     |
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**IV. I swear that the information provided on this application is true and correct.**

|                              |             |
|------------------------------|-------------|
| <b>SIGNATURE</b> – Applicant | Date Signed |
|                              |             |

The following items are enclosed:

- ☐ Copy of diploma
- ☐ Official copy of college transcript(s) of Master's and / or Ph.D. (Psy.D) coursework
- ☐ Supervisor Affidavit(s)
- ☐ Copy of Certificate(s) validating membership in professional organization(s)

## REQUIREMENTS FOR INDIVIDUAL PROVIDER STATUS APPROVAL

To qualify as a master's level psychotherapy provider, persons employed by outpatient psychotherapy clinics must meet the following requirements:

1. An acceptable and appropriate master's degree from an accredited college or university:
  - A social worker with a master's degree from a graduate school of social work accredited by the Council on Social Work Education (with clinical emphasis, rather than administrative, research, or other course emphasis);
  - Master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the National League for Nursing;
  - Master's degree and course work in psychology, clinical psychology, school psychology, counseling and guidance, counseling psychology, or another behavioral sciences or related field<sup>1</sup>.
2. Three thousand (3,000) hours of supervised clinical practice experience is required for all masters' degreed individuals. This experience shall have been gained after the granting of a master's degree (or before if the individual had an appropriate bachelor's degree and was in a paid position as a mental health employee (including social worker). The clinical experience must have been gained providing psychotherapy to clients diagnosed as mentally ill under DSM-IV. Experiences providing AODA counseling to clients will count ONLY if clients were diagnosed using DSM-IV criteria. A maximum of 750 hours may be earned providing AODA services as a CADC II or CADC III. All other requirements must be met before these hours will be counted.

### Psychotherapy – Clinical Practice

Clinical practice experience means psychotherapeutic eyeball-to-eyeball contact with diagnosed mentally ill clients and any activity associated with that contact – assessments, evaluation, the writing of treatment plans, progress notes, supervision, etc. It does not mean all job experiences in a social services setting or as a school social worker or those duties whereby a person might have performed a variety tasks – grant writing, prevention, talking to local groups, etc. However, if there is documented evidence that clinical practice experience obtained in a social services or school setting was supervised by a qualified staff, e.g., psychiatrist, licensed psychologist, MSW or masters degreed psychiatric nurse, the hours may be approved for provider status certification.

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<sup>1</sup> NOTE: Master's degree in the behavioral sciences or related fields include a minimum of 60% (or 28 semester hours) of graduate course credit in mental health theory and supervised clinical practicum that is documented by an official transcript.